



Appeal/Complaint Form

DIRECTIONS:

1. PRINT CLEARLY ALL INFORMATION REQUESTED BELOW OR APPEAL CANNOT BE PROCESSED.
2. PLEASE ATTACH YOUR EVIDENCE (Videos, Texts, Documents, Witnesses, or any Statements such as Receipt, etc. to support your complaint/appeal/protest.)
3. RETURN THE FORM AND ANY OF YOUR ATTACHMENTS TO CAAD. Email to CAAD Secretary/Treasurer at: caadsecytreasurer@gmail.com and CAADSports1945@gmail.com

NAME: _____ DATE: _____

ADDRESS: _____

CITY/STATE/ZIPCODE: _____

EMAIL: _____ VP: _____

YOUR REQUEST AND REASON FOR YOUR APPEAL/ COMPLAINT:

If more space is needed, attach additional pages.

I affirm that the above statement is true and accurate to the best of my knowledge.

SIGNATURE:

For Office ONLY:

Received Date: _____ with _____ attachments and total of _____ pages.

_____ : Appeal granted.
_____ : Appeal granted with conditions (see below)
_____ : Appeal denied.